

WATER WELL REPORT

STATE OF WASHINGTON

Application No.

Permit No.

28/03-14R

(1) OWNER: Name WILLIAM T BURNETT Address 6225-102nd AVE NE KIRKLAND WA 98033

(2) LOCATION OF WELL: County ISLAND — SE 1/4 SE 1/4 Sec 14 T 28 N. R 3E W.M.

Bearing and distance from section or subdivision corner

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 1/2 inches.
Drilled 285 ft. Depth of completed well 272 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 272 ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name LOOK
Type SS Model No. _____
Diam. 6 Slot size 12 from 272 ft. to 274 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 25 ft.
Material used in seal Bentonite
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name 310-RITE
Type: 308 H.P. 1

(8) WATER LEVELS: Land-surface elevation 80 ft.
above mean sea level.
Static level 100 ft. below top of well Date 10-77
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☒ No ☐ If yes, by whom? DRILLER
Yield: 4 gal./min. with 145 ft. drawdown after 24 hrs.
" " " " " "
" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
GRAY CLAY	0	60
GRAY CLAY + SAND W.W.	60	145
GRAY CLAY	145	275
GRAY COARSE SAND W.W.	275	276
GRAY CLAY	276	285

Work started 10-77 1977 Completed 10-27 1977

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME See B+W DRILLING CO.
(Person, firm, or corporation) (Type or print)

Address P.O. Box 55 FREELAND 982

[Signed] Joseph M. [Signature]
(Well Driller)

License No. 264 Date 10/26 1977

(USE ADDITIONAL SHEETS IF NECESSARY)



Washington State Department of Health
Environmental Health / Division Of Drinking Water
PWS Data

System Name
BURNELL WELL

Contact

Name	WILLIAM BURNELL
Title	CONTACT
Day Phone	4258224566
Nite Phone	3605798840
Address1	
Address2	6525 102ND PLACE NE
City	KIRKLAND
State	WA
ZipCode	98033

PWS ID Suffix
46899 H

Group ResPop
B 13

ResConn TotalConn
5 5

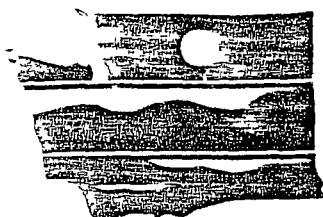
Last WFI Update
3/21/2002

Owner

Name	BURNELL COMMUNITY USERS
Phone	0000000000
Address1	
Address2	6525 102ND PLACE NE
City	KIRKLAND
State	WA
ZipCode	98033

Sources

Src Num	Type	Name	Tnshp	Rng	Section	Depth	Alt	Capacity
1	WELL	BURNELL WELL	28	03E	NWSW 13	271	0	0



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form



Unique Well Tag No: AKY736

RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name Burnell Well Last Name _____

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address _____

City _____ County _____

T _____ N R _____ W M Sec _____ 1/4 or the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

State Health

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Well Description or well (size or casing type or well housing etc)

Well or Well identification Tag

Is supplemental tag needed for ease of identifying well?

☐

Yes

☐

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at the point

SECTION _____

C	B	A
F	G	H
L	K	J
P	Q	R

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit # _____

Date Issued _____

One Application

Permit

Certificate

Claim

Exempt